

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		CH1617	329-00
O.I.P.E. CLASSIFIER		59	43
FORMALITY REVIEW	DM	70203	6-5-00
RESPONSE FORMALITY REVIEW			10/15/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
5	1/2/00
6	1/2/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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